

Thank you for your interest in Gerard Construction Corp. Please complete this form and submit with all required attachments to the respective team (listed on Page 3).

COMPANY INFORMATION

Name of Company:		Date Established:	
Address:			
City:	State:	Zip code:	
Phone:	Email:		
Website:			
Principal Owner/Prima	ry Contact:		

LEGAL STATUS

Is your firm registered as a MBE/DBE in one or more states?
Has your company had experience with LEED* Projects?
Does your firm currently employ any staff holding LEED* AP Certifications?
Is your firm compliant with Davis/Bacon wages and reporting?

LABOR AFFILIATION

__ Union (If Union, please list affiliation(s): _____

__ Open Shop

ESTIMATING

List the contact information where bid opportunities should be sent.

Contact Name:				
Phone Number:	Email:	Email:		
List trades you are interested in b	oidding:			
List all geographical areas in which	ch you perform work:			
Check all industries you typically	work in:			
IndustrialRet	ail Self Storage	Healthcare		
Multi-Family Residential	Restaurant	Entertainment		



Project References:

	General Contractor	Phone	Project Name	Completion Date	Contract Value
1.					
2.					
3.					
FIN	IANCIAL				
	nual Dollar Amount Vo ¢		• •		
	20 \$ 20 \$				
20_	\$				
	s your company or any ves, please explain:				
	s your company ever fa ves, please explain:	ailed to cor	nplete a contract	?	
Do	you have a line of crea	dit availabl	e to your firm th	rough your banking i	nstitution?
	s any party ever made npany or your surety?	-	<i>.</i> .	nance or payment bo	nd issued by your

Do you currently pledge, or have you ever pledged your account receivables to a factoring company? _____

Does your company have any open judgments, claims, or lawsuits against it? _____ If yes, please explain: ______

Does your company have any open liens against a property? _____ If yes, please explain: _____



PERFORMANCE

Current work under	contract and	in progress:	
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	Project Name	Contract Amount	GC Name
Largest Project of 2020:	!		
Largest Project of 2019	:		
Largest Project of 2018	:		
What percent of your we			
Has your company ever If yes, please explain:	-		
Has your company ever If yes, please explain:	-		
SAFETY AND INSURANC	E		
Does your company hav	e a written safety progr	am?	
Has your company been If yes, please explain:	cited by OSHA in the pa	ast (3) years?	
Please select if your con	npany has employees tr	ained in the following a	reas:
Scaffolding	Excavation Cran	es Electrical	
Fall Protection	Confined Spaces Oth	er:	
Provide your Experience	e Modification Rate (EMI	R) for the past 3 years:	
20	20	20	
Is your company bondal	ble?		
Please attach evidence o category.	of insurance or stateme	nt of coverage limits bro	oken out by
Submit your complet	ed form and required a	ttachments to your resp	ective office.

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